

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION****TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES****1. TRANSMITTAL NUMBER:**  
04-011**2. STATE**  
Pennsylvania**3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)****4. PROPOSED EFFECTIVE DATE**  
  
January 1, 2004**5. TYPE OF PLAN MATERIAL (Check One):**☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT**COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)****6. FEDERAL STATUTE/REGULATION CITATION:**

42 CFR 447 Subpart F

**7. FEDERAL BUDGET IMPACT:**a. FFY 2004 \$ 0  
b. FFY 2005 \$ 0**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**

Attachment 3.1B Pages 3a and 21

**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):**

Attachment 3.1B Pages 3a and 21

**10. SUBJECT OF AMENDMENT:**

Medical Assistance Program payment policies.

**11. GOVERNOR'S REVIEW (Check One):**

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- 
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- 
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:  
Review and approval authority has been  
delegated to the Department of Public Welfare.**12. SIGNATURE OF STATE AGENCY OFFICIAL:***Estelle B. Richman***13. TYPED NAME:**

Estelle B. Richman

**14. TITLE:**

Secretary of Public Welfare

**15. DATE SUBMITTED:****16. RETURN TO:**Commonwealth of Pennsylvania  
Department of Public Welfare  
Office of Medical Assistance Programs  
Bureau of Policy, Budget and Planning  
P. O. Box 8046  
Harrisburg, PA 17105**FOR REGIONAL OFFICE USE ONLY****17. DATE RECEIVED:****18. DATE APPROVED:**  
DEC 23 2004**PLAN APPROVED - ONE COPY ATTACHED****19. EFFECTIVE DATE OF APPROVED MATERIAL:**

July 1, 2004

**21. TYPED NAME:**

SUSAN CUERDON

**23. REMARKS:****20. SIGNATURE OF REGIONAL OFFICIAL:***Susan Cuerton*  
**22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID & CHILDREN'S HEALTH**

SERVICE	LIMITATIONS
5.a. <u>Physician's Services</u> (Continued)	<ol style="list-style-type: none"><li>Two (2) inpatient consultations per hospitalization.</li><li>Eyeglasses – one (1) full pair or two (2) lenses per 12 month period for persons referred by the County Assistance Office of receiving eyeglasses under the EPSDT Program</li><li>The maximum allowable payment to a physician per hospitalization per recipient is \$1000 unless a procedure provided during the hospitalization has a fee which exceeds \$1000, in which case that fee is the maximum reimbursement for the period of hospitalization.</li><li>The maximum allowable payment for outpatient services to a physician per recipient per day is \$500 unless the outpatient procedure has a fee which exceeds \$500, in such case the fee is the maximum reimbursement on a daily basis, for that day only.</li><li>Payment will not be made for services provided to more than two (2) persons during a visit to a recipient's home no matter how many others are seen.</li><li>Vision examinations are limited to two per year.</li><li>Payment for two or more surgical, obstetrical or anesthesia services performed by the same physician is limited to 100% of the allowable fee for the highest paying procedure and 25% of the second highest paying procedure. No payment is made for any additional procedures.</li><li>Payment for surgical, obstetrical and anesthesia services include the inpatient preoperative and antepartum care as well as all postoperative and postpartum care in the hospital and outpatient visits during the number of postoperative or postpartum days specified for each procedure in the Medical Assistance Program Fee Schedule. Additional payment will be made for visits for treatment of medical or surgical conditions if the diagnosis is different and unrelated to the surgery.</li><li>Payment is limited to one (1) visit (e.g. office, home hospital emergency room, clinic, inpatient care, nursing facility or Early Periodic Screening, Diagnosis, and Treatment (EPSDT) per recipient per day per individual provider.</li></ol>

SERVICE

LIMITATIONS

6. Medical Care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law.

6.a. Podiatrists' Services

Limitations on payment – The following limits apply to payment for compensable services:

1. Payment for debridement and treatment of mycotic nails is limited to one per month per recipient.
2. The maximum allowable payment to a podiatrist per hospitalization per recipient is \$1000 unless a procedure provided during the hospitalization has a fee which exceeds \$1000, in which case that fee is the maximum reimbursement for the period of hospitalization.
3. The maximum allowable payment to a podiatrist for outpatient services per recipient during one day is \$500 unless the outpatient procedure has a fee which exceeds \$500, in which case the fee is the maximum reimbursement on a daily basis, for that day only.
4. Payment is limited to one (1) visit (e.g. office, home, inpatient care, or nursing facility) per recipient per day per individual provider.
5. Payment for surgical services includes the inpatient preoperative care and all post operative care in the hospital and outpatient visits during the number of post-operative days specified for each procedure code in the Medical Assistance Program Fee Schedule. Additional payment will be made for visits for treatment of a medical or surgical condition if the diagnosis is different and unrelated.
6. Payment for two or more surgical procedures performed by the same podiatrist is limited to 100% of the allowable fee for the highest paying procedure and 25% of the second highest paying procedure.
7. Payment is made to only one podiatrist for a particular service or procedure and all services must be billed in the name of the podiatrist providing the service.
8. Payment for an office visit includes payment for any injection of medication or local anesthesia.
9. payment for x-rays of foot and ankle is limited to a maximum of \$19.00 per limb.